



**APPLICATION OF NON-ATTORNEY PRACTITIONER
TO PRACTICE BEFORE THE UNITED STATES
COURT OF APPEALS FOR VETERANS CLAIMS**

1. Name: (Mr.)(Ms.) _____

Social Security No.: _____

2. Business Mailing Address: _____

E-mail address: _____

3. Telephone Numbers: OFFICE (_____) _____ HOME (_____) _____

4. If you served in any of the armed forces, was any period of service terminated by a dishonorable, bad-conduct, undesirable, or other than honorable discharge? _____ If yes, explain in full on continuation sheet and provide copy of DD Form 214.

5. Education: Beginning with the most recent, list below all the requested data relating to the high schools, colleges, and universities you have attended. Mark "ND" if you did not receive a degree.

SCHOOL	CITY	STATE	FROM [MO/YR]	TO [MO/YR]	DEGREE

6. Have you ever been convicted of a serious crime (*a "serious crime" includes any felony or any lesser crime an element of which involves moral turpitude, interference with the administration of justice, false swearing, misrepresentation, fraud, willful failure to file tax returns, deceit, bribery, extortion, misappropriation, theft, or the attempt or a conspiracy or solicitation to commit such a crime*)? _____ If yes, explain in full (including dates, name of court, city and state) on continuation sheet.

7. Are you a U.S. citizen or legally-admitted alien? _____

8. Work experience (including self-employment):

A. Name and address of present or last employer:

Dates (mo/yr) of employment: From _____ To _____

B. Attach a description of any duties, training, responsibilities, accomplishments, and experience in your current or past employment that relate to your ability to represent appellants before the Court.

9. Have you ever been denied or had revoked or suspended (a) a business, trade, or professional license which required proof of good moral character or (b) the right to appear before a court, department, bureau, commission, office, or agency? _____ Has any such entity ever imposed public discipline against you, or is such action pending? _____ If either answer is yes, explain in full (including dates and the name and address of the authority in possession of the records) on continuation sheet.

10. Do you want to be admitted to practice before this Court in open Court? _____
(If "Yes," the Clerk of the Court will contact you with the date and time of the admission ceremony.)

11. Do you want your name, address, and office telephone number included in the Court's public list of practitioners who have indicated their availability to represent appellants? _____

OATH (AFFIRMATION)

I, _____, solemnly swear (or affirm) that I will conduct myself as a non-attorney practitioner and officer of this Court, uprightly and according to law; and that I will support the Constitution of the United States.

I certify under penalty of perjury that the foregoing is true and correct. (28 U.S.C. § 1746)
--

(Signature of Applicant)

Date: _____

NOTE: COMPLETE ONLY ONE OF THE FOLLOWING BOXES

**** For applicant not employed by a Rule 46(b)(2) organization ****

MOTION OF SUPERVISING ATTORNEY

I, _____, a member of the bar of this Court, move to admit the applicant to practice before the Court under my direct supervision, pursuant to Rule 46 (b)(1) and (d). I am satisfied that the applicant is of good moral character and repute. I understand that my direct supervision of the applicant includes countersigning all papers filed with the Court and participating in Court-directed conferences and oral arguments.

SIGNATURE: _____ PHONE: (_____) _____

ADDRESS: _____

**** For applicant employed by a Rule 46(b)(2) organization ****

CERTIFICATION OF CHIEF EXECUTIVE OFFICER

I, _____, am the Chief Executive Officer of _____, which is chartered by Congress and recognized by the Secretary of Veterans Affairs for claims representation. I am satisfied that the applicant is of good moral character and repute. I certify that the applicant understands the jurisdiction of the Court and the nature, scope, and standards of its judicial review, and possesses the necessary proficiency to represent appellants before the Court.

I certify under penalty of perjury that the foregoing is true and correct. (28 U.S.C. § 1746)

SIGNATURE: _____

DATE: _____

MOTION

I, _____, a member of the bar of this Court, move to admit the above named non-attorney practitioner to practice before this Court.

SIGNATURE: _____

FEE: A practice fee of \$30.00 must accompany your application.

Make check payable to:

U.S. Court of Appeals for Veterans Claims.

Send to:

*Admissions Clerk
U.S. Court of Appeals for Veterans Claims
625 Indiana Avenue, NW, Suite 900
Washington, DC 20004*

*** FOR COURT USE ONLY ***

Fee Paid [] Date: _____

Admitted [] / Not Admitted []

Clerk of the Court

Date: _____